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JUN 30 2006

FAX COVER SHEET

Date: June 30, 2006

To: Mail Stop: Amendment
Art Unit 1636

Fax Number: 571-273-8300

From: Jacqueline S. Bley
Patent Administrator & Paralegal

Fax Number: 650-624-4489

Telephone Number: 650-624-4585

Number of Pages (Including Cover): 20

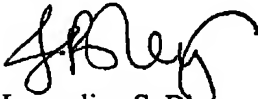
Re: Serial Number: 10/740,079
Attorney Docket Number: 089.00US

Attached please find the following documents for filing:

1. Transmittal Form;
2. Petition for Extension of Time (2 copies);
3. Fee Transmittal (2 copies); and
4. Amendment and Response Under 37 C.F.R. § 1.111.

Thank you and please contact me if you have any questions.

Sincerely,



Jacqueline S. Bley
Patent Administrator & Paralegal

JUN 30 2006

**FEE TRANSMITTAL
for FY 2006**

Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT (\$)** 510**Complete if Known**

Application Number	10/740,079
Filing Date	December 18, 2003
First Named Inventor	Sharat Singh
Examiner Name	Schlapkohl, Walter
Art Unit	1636
Attorney Docket No.	89.00US

METHOD OF PAYMENT (check all that apply)
☐ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None
☒ Deposit Account:

Deposit Account Number

502266

Deposit Account Name

Aclara Biosciences
Inc.

The Commissioner is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments
☒ Charge all required fee(s) or any underpayment of fee(s) due under 37 CFR §1.16 or §1.17 during the pendency of this application
☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.
FEE CALCULATION**1. BASIC FILING FEE**

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing fee or oath or declaration	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for ex parte reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	120	2251	60	Extension for reply within first month	
1252	450	2252	225	Extension for reply within second month	
1253	1020	2253	510	Extension for reply within third month	
1254	1,590	2254	795	Extension for reply within fourth month	
1255	2,160	2255	1,080	Extension for reply within fifth month	
1401	500	2401	250	Notice of Appeal	
1402	500	2402	250	Filing a brief in support of an appeal	
1403	1000	2403	500	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	500	2452	250	Petition to revive - unavoidable	
1453	1,500	2453	750	Petition to revive - unintentional	
1501	1,400	2501	700	Utility issue fee (or reissue)	
1502	800	2502	400	Design Issue fee	
1503	1100	2503	550	Plant Issue fee	
1460	—	1460	—	Petitions to the Director	
1807	50	1807	50	Processing fee for Provisional Applications	
1808	180	1808	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	780	2809	395	Filing a submission after final rejection (37 CFR 1.129(a))	
1810	790	2810	395	For each additional invention to be examined (37 CFR 1.129(b))	
1801	790	2801	395	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	

SUBTOTAL (1)

(\$)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent Claims	20** =	X	=
Multiple Dependent	3** =	X	=

Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	360	2203	180	Multiple dependent claim, if not paid
1204	200	2204	100	**Reissue independent claims over original patent
1205	50	2205	25	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2)

(\$)

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing fee or oath or declaration	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for ex parte reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
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1255	2,160	2255	1,080	Extension for reply within fifth month	
1401	500	2401	250	Notice of Appeal	
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1403	1000	2403	500	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
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1453	1,500	2453	750	Petition to revive - unintentional	
1501	1,400	2501	700	Utility issue fee (or reissue)	
1502	800	2502	400	Design Issue fee	
1503	1100	2503	550	Plant Issue fee	
1460	—	1460	—	Petitions to the Director	
1807	50	1807	50	Processing fee for Provisional Applications	
1808	180	1808	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	780	2809	395	Filing a submission after final rejection (37 CFR 1.129(a))	
1810	790	2810	395	For each additional invention to be examined (37 CFR 1.129(b))	
1801	790	2801	395	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	

Other fee (specify)

SUBTOTAL (3) (\$)

510

SUBMITTED BY

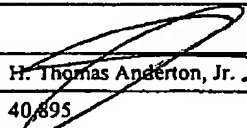
Name (Print/Type)	H. Thomas Anderton, Jr.	Registration No. (Attorney/Agent)	40,895	Complete (if applicable)	Telephone 650-624-4198
Signature				Date	6/30/06

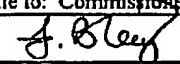
**RECEIVED
CENTRAL FAX CENTER**

JUN 30 2006

TRANSMITTAL FORM <i>(to be used for all correspondence during pendency of filed application)</i>		Application Number	10/740,079
		Filing Date	December 18, 2003
		First Named Inventor	Sharat Singh
		Group Art Unit Number	1636
		Examiner Name	Schlapkohl, Walter
Total Number of Pages in This Submission	18	Attorney Docket Number	089.00US

ENCLOSURES <i>(check all that apply)</i>	
<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate) <input type="checkbox"/> Check Enclosed <input type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Response to Notice to File Missing Parts <input type="checkbox"/> Assignment & Recordation Cover Sheet <input type="checkbox"/> Declaration <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Information Disclosure Statement & PTO/SB/08A <input type="checkbox"/> Copies of IDS Cited References <input type="checkbox"/> Request for Corrected Filing Receipt <input type="checkbox"/> Request for Correction of Recorded Assignment <input checked="" type="checkbox"/> Amendment/Response: [12] Page(s) <input type="checkbox"/> After Final <input type="checkbox"/> Status Request <input type="checkbox"/> Revocation and Substitute Power of Attorney	<input type="checkbox"/> Issue Fee Transmittal <input type="checkbox"/> Letter to Chief Draftsperson <input type="checkbox"/> Formal Drawing(s): [] Sheet(s) of Figure(s) [] <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> After Allowance Communication to Group <input checked="" type="checkbox"/> <u>Petition For Extension of Time</u> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
REMARKS:	

SIGNATURE OF ATTORNEY OR AGENT			
Signature:			
Print Name:	H. Thomas Anderson, Jr.		
Attorney/Reg. No.:	40,895	Dated:	6/30/06

CERTIFICATE OF FACSIMILE TRANSMISSION			
I hereby certify that this correspondence, including the enclosures identified above, is being transmitted on the date shown below via facsimile to: Commissioner for Patents at the facsimile number indicated below.			
Signature:			
Typed or Printed Name:	Jacqueline S. Bley	Dated:	6/30/06
Facsimile Number:	571-273-8300		

A1000/00103/DOCS/951157.1

JUN 30 2006

Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT	(\$) 510
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Complete if Known

Application Number	10/740,079
Filing Date	December 18, 2003
First Named Inventor	Sharat Singh
Examiner Name	Schlapkohl, Walter
Art Unit	1636
Attorney Docket No.	89.00US

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None
☒ Deposit Account:

Deposit Account Number 502266

Deposit Account Name	Aclara Biosciences Inc.
----------------------	-------------------------

The Commissioner is authorized to: *(check all that apply)*

☒ Charge fee(s) indicated below ☒ Credit any overpayments
☒ Charge all required fee(s) or any underpayment of fee(s) due under 37 CFR §1.16 or §1.17 during the pendency of this application

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

	Large Entity	Small Entity
1. Revenue Recognition	Revenue is recognized when the performance obligation is satisfied, which is typically when control of the goods or services is transferred to the customer.	Revenue is recognized when the performance obligation is satisfied, which is typically when control of the goods or services is transferred to the customer.
2. Expense Recognition	Expenses are recognized when the related asset is consumed or the liability is incurred, which is typically when the expense is incurred.	Expenses are recognized when the related asset is consumed or the liability is incurred, which is typically when the expense is incurred.
3. Asset Recognition	Assets are recognized when the entity has control over the resource, which is typically when the asset is acquired.	Assets are recognized when the entity has control over the resource, which is typically when the asset is acquired.
4. Liability Recognition	Liabilities are recognized when the entity has an obligation to transfer resources, which is typically when the liability is incurred.	Liabilities are recognized when the entity has an obligation to transfer resources, which is typically when the liability is incurred.
5. Equity Recognition	Equity is recognized when the entity has a residual interest in the assets, which is typically when the equity is issued.	Equity is recognized when the entity has a residual interest in the assets, which is typically when the equity is issued.

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
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SUBTOTAL (1) **(\\$)**

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

		Extra Claims		Fee from below		Fee Paid
Total Claims	<input type="text"/>	-20** =	<input type="text"/> X	<input type="text"/>	=	<input type="text"/>
Independent Claims	<input type="text"/>	-3** =	<input type="text"/> X	<input type="text"/>	=	<input type="text"/>
Multiple Dependent				<input type="text"/>	=	<input type="text"/>

Large Entity		Small Entity		
Fee	Fee	Fee	Fee	Fee Description
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SUBTOTAL (2)	(\$)
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*or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity
<p>1. Identify the asset</p> <p>2. Identify the liability</p> <p>3. Identify the equity</p> <p>4. Identify the revenue</p> <p>5. Identify the expense</p> <p>6. Identify the net income</p> <p>7. Identify the net loss</p> <p>8. Identify the net assets</p> <p>9. Identify the net liabilities</p> <p>10. Identify the net equity</p>	<p>1. Identify the asset</p> <p>2. Identify the liability</p> <p>3. Identify the equity</p> <p>4. Identify the revenue</p> <p>5. Identify the expense</p> <p>6. Identify the net income</p> <p>7. Identify the net loss</p> <p>8. Identify the net assets</p> <p>9. Identify the net liabilities</p> <p>10. Identify the net equity</p>

Fee Code	Fee (\$)	Fee Code	Fee (\$)
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1802	900	1802	900	Request for expedited examination of a design application

Other fee (specify)

SUBTOTAL (3)	(\$)510
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*Reduced by Basic Filing Fee Paid

SUBMITTED BY

Name (Print/Type)	H. Thomas Adderton, Jr.
-------------------	-------------------------

Registration No. (Attorney/Agent)	40,895
--------------------------------------	--------

Complete (if applicable)

Telephone 650-624-4198

Signature

Date _____

6/30/06